

RECEIVED  
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2015 JUL -6 AM 10: 27

To:  
Federal Election Commission  
999 E Street NW  
Washington, DC 20463

Please find enclosed copies of the Second Quarter 2015 Form 3X covering the dates 4/1/2015 – 6/30/2015 for the following PACs:

Professional Real Estate Investors and Managers Alliance PAC (PREIMA-PAC) C00546895  
American Association of Private Lenders PAC (APL-PAC) C00547398

Please contact Rick Abell @ 816-398-4054 with any questions.

Thanks!  
Rick Abell

2015 JUL -6 AM 10: 27

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
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2015 JUL -6 AM 10:27

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Association of Private Lenders PAC  
(AAPL-PAC)

ADDRESS (number and street) 17509 NW Tiffany Springs Parkway  
Suite 200  
Kansas City MO 64153-  
☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

000547398

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☒ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 09/01/2015 through 06/30/2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rick Abell Asst Treasurer

Signature of Treasurer [Signature] Date 07/02/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Association of Private Lenders PAC (AAL-PAC)

Report Covering the Period: From: 04/01/2015 To: 06/30/2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2015</u>		<u>000</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>000</u>	
(c) Total Receipts (from Line 19) .....	<u>000</u>	<u>000</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<u>000</u>	<u>000</u>
7. Total Disbursements (from Line 31) .....	<u>000</u>	<u>000</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<u>000</u>	<u>000</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<u>000</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<u>000</u>	

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## Page 3

American Association of Private Landers PAC (AAPL-PAC)

Report Covering the Period: From: 

M	M
04	

 / 

D	D
01	

 / 

Y	Y	Y	Y
20	15		

 To: 

M	M
06	

 / 

D	D
30	

 / 

Y	Y	Y	Y
20	15		

**COLUMN B**  
**Calendar Year-to-Date**

- 20. Total Federal Receipts**  
(subtract Line 18(c) from Line 19) .....▶

000

000

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	000	000
(ii) Non-Federal Share.....	000	000
(b) Other Federal Operating Expenditures .....	000	000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	000	000
22. Transfers to Affiliated/Other Party Committees.....	000	000
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	000	000
24. Independent Expenditures (use Schedule E) .....	000	000
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	000	000
26. Loan Repayments Made.....	000	000
27. Loans Made.....	000	000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	000	000
(b) Political Party Committees .....	000	000
(c) Other Political Committees (such as PACs).....	000	000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	000	000
29. Other Disbursements .....	000	000
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	000	000
(ii) "Levin" Share.....	000	000
(b) Federal Election Activity Paid Entirely With Federal Funds .....	000	000
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....	000	000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	000	000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	000	000

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	006	006
34. Total Contribution Refunds (from Line 28(d)) .....	006	006
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	006	006
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	006	006
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	006	006
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	006	006

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Private Lenders PAC (AAPL-PAC)

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Receipt
Mailing Address		<input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>B.</b>		Date of Receipt
Mailing Address		<input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE / OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*American Association of Private Leaders PAC (APL-PAC)*

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement
Mailing Address		<input type="text"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <input type="text"/>	District: <input type="text"/>	

<b>B.</b>		Date of Disbursement
Mailing Address		<input type="text"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <input type="text"/>	District: <input type="text"/>	

<b>C.</b>		Date of Disbursement
Mailing Address		<input type="text"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <input type="text"/>	District: <input type="text"/>	

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

0.00



# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE

OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

American Association of Private Lenders PAC (AAPL-PAC)

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

% (apr)

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

0.00

TOTALS This Period (last page in this line only) ▶

000

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-1 (FEC Form 3X)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page 1 of Schedule C

NAME OF COMMITTEE (In Full) <i>American Association of Private Lenders PAC (APL-PAC)</i>		FEC IDENTIFICATION NUMBER <i>C00547398</i>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan [ ]	Interest Rate (APR) [ ] %
Mailing Address		Date Incurred or Established [ ] / [ ] / [ ]	
City	State Zip Code	Date Due [ ] / [ ] / [ ]	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred [ ] / [ ] / [ ]			
B. If line of credit, Amount of this Draw: [ ]		Total Outstanding Balance: [ ]	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? [ ] Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? [ ]	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: [ ] / [ ] / [ ]		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name <i>Rick Abell, Asst Treasurer</i> Signature <i>Rick Abell</i>		DATE [ ] / [ ] / [ ]	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE [ ] / [ ] / [ ]	

# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE / OF /

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

American Association of Private Lenders PAC (AAPL-PAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶

2) TOTALS This Period (last page this line number only)..... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

000

000

000

000

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 1  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>American Association of PrivateLabelers PAC (APL-PAC)</u>	FEC IDENTIFICATION NUMBER <u>C00547398</u>
---	---

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM/DD/YYYY

Full Name of Payee		Date of Public Distribution/Dissemination <u>MM/DD/YYYY</u>
Mailing Address		Amount <u>                    </u>
City	State	Zip Code
Purpose of Expenditure		Date of Disbursement or Obligation <u>MM/DD/YYYY</u>
Category/Type <u>          </u>		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: <u>      </u>
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>      </u>
Calendar Year-To-Date Per Election for Office Sought <u>                    </u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) <u>                    </u>

Full Name of Payee		Date of Public Distribution/Dissemination <u>MM/DD/YYYY</u>
Mailing Address		Amount <u>                    </u>
City	State	Zip Code
Purpose of Expenditure		Date of Disbursement or Obligation <u>MM/DD/YYYY</u>
Category/Type <u>          </u>		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: <u>      </u>
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>      </u>
Calendar Year-To-Date Per Election for Office Sought <u>                    </u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) <u>                    </u>

(a) SUBTOTAL of Itemized Independent Expenditures..... 006

(b) SUBTOTAL of Unitemized Independent Expenditures..... 000

(c) TOTAL Independent Expenditures..... 006

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Richard M. H. H.  
Signature

Date 07/02/2018

**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 1 OF 1  
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>American Association of Private Leaders PAC (APL-PAC)</b>			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee  Mailing Address  City _____ State _____ ZIP Code _____	

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type	
Mailing Address				Date		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
City		State		Zip Code		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: _____ District: _____	
Aggregate General Election Expenditure for this Candidate ▶				Amount		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type	
Mailing Address				Date		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
City		State		Zip Code		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: _____ District: _____	
Aggregate General Election Expenditure for this Candidate ▶				Amount		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type	
Mailing Address				Date		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
City		State		Zip Code		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: _____ District: _____	
Aggregate General Election Expenditure for this Candidate ▶				Amount		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	

SUBTOTAL of Expenditures This Page (optional).....▶						0.00	
TOTAL This Period (last page this line number only).....▶						0.00	

## Align top of FedEx Expri

RECEIVED  
REC MAIL CENTER

2015 JUL -6 AM 10:27

<https://www.fedex.com/shipping/html/en/PrintFrame.html>

Ship Date: 02JUL15  
ActWgt: 1.0 LB  
CAD: 100170952/NET3610

Delivery Address Bar Code

Ref #  
Invoice #  
PO #  
Dept #

**TUE - 07 JUL AA**  
**EXPRESS SAVER**

**7739 6870 9046**

TRK# 0201

20463

DC-115

**IAD**

# SK RDVA

537.BV1A15/FF4R

# Express

**From: (913) 599-2020**  
**Rick Abell**  
**Wrenn Insurance**  
**7509 Tiffany Springs Pa**  
**Suite #200**  
**KANSAS CITY, MO 64113**

Origin ID: KCKA

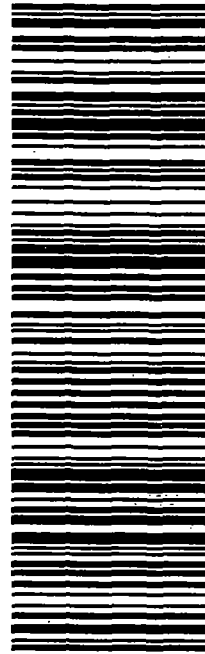
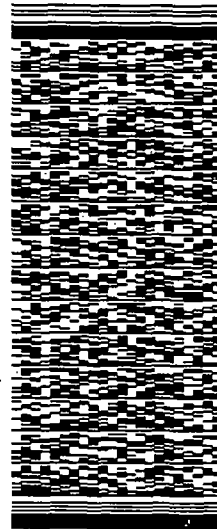
**FedEx®**  
Express

11512150223031A

**SHIP TO: (913) 999-1990  
Federal Election  
Federal Election  
999 E Street, NW**

**BILL SENDER**

**WASHINGTON, DC 20463**



2015-07-06-03-0005141

(3/2015)